



Los Angeles County
Board of Supervisors

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May 18, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

John F. Schunhoff, Ph.D.
Interim Director

Gail V. Anderson, Jr., M.D.
Interim Chief Medical Officer

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

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**ACCEPTANCE OF A DONATION OF FOUR CARDIAC VALVES
FROM ST. JUDE MEDICAL, INC. TO LAC+USC MEDICAL CENTER
(SUPERVISORIAL DISTRICT 1)
(3 VOTES)**

SUBJECT

Request approval to accept four cardiac valves from St. Jude Medical, Inc. for indigent cardiac patients at LAC+USC Medical Center.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Accept four cardiac valves with a total value of \$21,200 donated by St. Jude Medical, Inc. (St. Jude) for indigent cardiac patients at LAC+USC Medical Center (LAC+USC).
2. Instruct the Executive Officer, Board of Supervisors, to prepare and send a letter of appreciation for the generous donation to St. Jude.
3. Delegate authority to the Interim Director of Health Services (Interim Director), or his designee, to sign and execute St. Jude's Product Donation Request Form.
4. Delegate authority to the Interim Director to accept any future donations in excess of \$10,000 from St. Jude to the Department of Health Services' medical centers, upon approval by the Chief Executive Office (CEO) and County Counsel, with notification to your Board and the Executive Officer, Board of Supervisors, to prepare and send a letter of appreciation.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

In accordance with County policy, donations in excess of \$10,000 require acceptance by your Board. LAC+USC has been notified that St. Jude will donate cardiac valves with a value in excess of the \$10,000 threshold. Approval of the first recommendation will allow LAC+USC to accept the cardiac valves and the second recommendation will acknowledge receipt of the generous donation.

The third recommendation authorizes the Interim Director to sign and execute the St. Jude Product Donation Request Form, substantially similar to Exhibit I, and the fourth recommendation delegates authority to the Interim Director to accept any substantially similar future donations from St. Jude, upon review and approval by the CEO and County Counsel, with notification to your Board and the Executive Officer, Board of Supervisors.

Implementation of Strategic Plan Goals

The recommended actions support Goal 4, Health and Mental Health, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

There are no net County costs required by this action. This donation will provide four cardiac valves with a total value of \$21,200 (\$5,300 each) to four indigent patients. LAC+USC will continue to provide the physicians and support services associated with cardiac procedures.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

St. Jude is a manufacturer of cardiac valves, and has previously made valve donations to third-world countries only, but has recently expanded their philanthropic efforts to include institutions in the United States who serve indigent patients. The Department of Health Services (DHS) currently purchases cardiac valves from St. Jude under a County contract, specifically at LAC+USC and Harbor-UCLA Medical Center.

St. Jude imposes two requirements on the donations: 1) valves are to be used for indigent patients and 2) that LAC+USC and the physicians performing the surgeries do not profit from the donation. In addition, any unused valves must be returned to St. Jude. LAC+USC's cardiac surgeons use St. Jude's valves for patients requiring aortic and/or mitral valve replacement. Currently, approximately 90 of these procedures are performed per year.

In the future, St. Jude is considering expanding the donation program to include Harbor-UCLA. Olive View-UCLA Medical Center patients who require this type of surgery have their cardiac valve replacements performed at LAC+USC.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will help maintain the quality of cardiac care delivered at LAC+USC. St. Jude will donate four cardiac valves for indigent patients. This donation is beneficial to LAC+USC because the cost of the valves would have otherwise been incurred by LAC+USC.

CONCLUSION

Attached for your consideration is a draft letter to St. Jude thanking them for the generous donation.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John F. Schunhoff". The signature is fluid and cursive, with a large initial "J" and "S".

JOHN F. SCHUNHOFF, Ph.D.
Interim Director

JFS:rf

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

ATTACHMENT I

(BOARD OF SUPERVISORS LETTERHEAD)

May 18, 2010

Daniel J. Starks, Chairman, President and Chief Executive Officer
St. Jude Medical, Inc.
Global Headquarters
One St. Jude Medical Drive
St. Paul, MN 55117-1789

Dear Mr. Starks

At its meeting held on May 18, 2010, the Los Angeles County Board of Supervisors accepted, with gratitude, the generous donation of four tissue cardiac valves, to benefit indigent cardiac patients at LAC+USC Medical Center in Los Angeles, CA. The cardiac valves are valued at \$21,200.

The Board members have requested that I express their appreciation to you for this generous donation.

Respectfully submitted,

Sachi A. Hamai
Executive Officer, Board of Supervisors

SAH:rf

EXHIBIT I

PRODUCT DONATION REQUEST FORM <i>"No Verbal Requests Will Be Honored"</i>	
Instructions for Completion: Please <u>fully complete</u> this form and obtain all necessary signatures. Attach a copy of the written request from the physician or charitable organization as to <i>why</i> the donation is requested. Fax the completed form and letter to Sales Administration at (818) 833-4925 for processing.	
Describe purpose of Donation:	
The hospital agrees there will be no profit from this donation? (Title & Signature) <i>This signature ensures that the hospital will not profit from this donation.</i>	Date Product Donation is Required: Type & Quantity of Product Donation Required:
The physician/organization agrees there will be no profit from this donation? (Title & Signature) <i>This signature ensures that the physician/organization will not profit from this donation.</i>	
The physician/organization agrees that all unused product will be returned to St. Jude Medical? (Title & Signature) <i>This signature ensures that the physician/organization will return all unused product to St. Jude Medical.</i>	Patient Name (if applicable):
Name of Charitable Organization / Foundation / Physician Requesting Donation/Rationale (Please Print):	
Address/Phone:	
TAX EXEMPT STATUS NUMBER:	
Name & Address of Implant Physician and Implant Hospital or Surgery Location:	
Telephone Number:	
MUST HAVE THE FOLLOWING APPROVAL SIGNATURES BEFORE PROCESSING	
Rep Requesting Donation: (Phone: _____)	Signature _____ Date _____
Regional Sales Director/Manager (1-5 Systems)	Signature _____ Date _____
Area Vice President (> 5 Systems)	Signature _____ Date _____
Sales Administration Director (Internal use only)	Signature _____ Date _____
Sr. VP Finance (International donations, Internal use only)	Signature _____ Date _____
Regulatory Affairs Specialist (International donations, Internal use only)	Signature _____ Date _____
ID Finance VP (International donations, Internal use only)	Signature _____ Date _____
Product will be shipped to Requesting Rep for delivery to Customer unless indicated below:	
Dept. # to be charged: _____	
Please allow a 3 week turn-around for a donation request – Thank You USD Contact Margo McMurtry (Fax 818-833-4925 or MMcMurtry@sjm.com)	